

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other <i>(Specify)</i>		15c. APPREHENSION DATE (YYYYMMDD)		15d. APPREHENDING PMO (UIC/MPC) 15f. HOW DRESSED AT TIME OF APPREHENSION																			
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities <i>(Specify)</i>		15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.		16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None																			
15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		16b. ALCOHOL/DRUG TESTING RESULTS																							
16c. ILLNESS/INJURY				16d. ALCOHOL/DRUG INVOLVEMENT REMARKS																					
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other <i>(Specify)</i>		17b. DRUG TYPE <table style="width:100%;"> <tr> <td><input type="checkbox"/> A "Crack" Cocaine</td> <td><input type="checkbox"/> G Opium</td> <td><input type="checkbox"/> M Other stimulants</td> </tr> <tr> <td><input type="checkbox"/> B Cocaine</td> <td><input type="checkbox"/> H Other Narcotics</td> <td><input type="checkbox"/> N Barbiturates</td> </tr> <tr> <td><input type="checkbox"/> C Hashish</td> <td><input type="checkbox"/> I LSD</td> <td><input type="checkbox"/> O Other Depressants</td> </tr> <tr> <td><input type="checkbox"/> D Heroin</td> <td><input type="checkbox"/> J PCP</td> <td><input type="checkbox"/> P Other Drugs</td> </tr> <tr> <td><input type="checkbox"/> E Marijuana</td> <td><input type="checkbox"/> K Other Hallucinogens</td> <td><input type="checkbox"/> Q Steroids</td> </tr> <tr> <td><input type="checkbox"/> F Morphine</td> <td><input type="checkbox"/> L Amphetamines/Methamphetamines</td> <td><input type="checkbox"/> U Unknown Type Drug</td> </tr> </table>						<input type="checkbox"/> A "Crack" Cocaine	<input type="checkbox"/> G Opium	<input type="checkbox"/> M Other stimulants	<input type="checkbox"/> B Cocaine	<input type="checkbox"/> H Other Narcotics	<input type="checkbox"/> N Barbiturates	<input type="checkbox"/> C Hashish	<input type="checkbox"/> I LSD	<input type="checkbox"/> O Other Depressants	<input type="checkbox"/> D Heroin	<input type="checkbox"/> J PCP	<input type="checkbox"/> P Other Drugs	<input type="checkbox"/> E Marijuana	<input type="checkbox"/> K Other Hallucinogens	<input type="checkbox"/> Q Steroids	<input type="checkbox"/> F Morphine	<input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> U Unknown Type Drug
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17c. DRUG TEST AND MEASUREMENT (i.e., parts per million, cubic centimeters, etc.)						17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO																			

SECTION IV - VICTIM (For additional victims, complete DA Form 3975-3)

1a. VICTIM NO.	1b. NAME (Last, First, Middle Name, Jr., Sr., III)	1c. SSN/FNN/ALIEN REG NUMBER	1d. PROTECTED IDENTITY
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYYMMDD) 1g. POB (City, State, Country) 1h. GRADE	
1i. HOME PHONE 1j. WORK PHONE 1k. NICKNAMES/ALIAS		1l. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country <i>(Specify)</i>	
1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER'S LICENSE NUMBER 1o. IS LICENSE <input type="checkbox"/> FR Foreign State <i>(Specify)</i> <input type="checkbox"/> IT International	
2a. ORGANIZATION, UIC, AND STREET ADDRESS 2b. INSTALLATION/CITY 2c. STATE/COUNTRY		2d. ZIP/APO 2e. UNIT PHONE	
3a. RESIDENCE STREET ADDRESS 3b. INSTALLATION/CITY 3c. STATE/COUNTRY		3d. ZIP/APO	

4a. TYPE OF VICTIM <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old _____ Years Old AGE RANGE <i>(Specify)</i>		4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown		4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
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5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Check applicable bias)</i>		<table style="width:100%;"> <tr> <td><input type="checkbox"/> AA Anti-Atheist/Agnostic</td> <td><input type="checkbox"/> AK Anti-Female Homosexual</td> <td><input type="checkbox"/> AU Anti-Protestant</td> </tr> <tr> <td><input type="checkbox"/> AB Anti-Alaskan Native</td> <td><input type="checkbox"/> AL Anti-Heterosexual</td> <td><input type="checkbox"/> AV Anti-White</td> </tr> <tr> <td><input type="checkbox"/> AC Anti-American Indian</td> <td><input type="checkbox"/> AM Anti-Hispanic</td> <td><input type="checkbox"/> AW Anti-Homosexual Bias</td> </tr> <tr> <td><input type="checkbox"/> AD Anti-Arab</td> <td><input type="checkbox"/> AN Anti-Islamic <i>(Moslem)</i></td> <td><input type="checkbox"/> AY Anti-Other Religions</td> </tr> <tr> <td><input type="checkbox"/> AE Anti-Asian</td> <td><input type="checkbox"/> AO Anti-Jewish</td> <td><input type="checkbox"/> AZ Anti-Other Ethnicity</td> </tr> <tr> <td><input type="checkbox"/> AG Anti-Bisexual</td> <td><input type="checkbox"/> AQ Anti-Male Homosexual</td> <td><input type="checkbox"/> BA Anti-Mental Disability</td> </tr> <tr> <td><input type="checkbox"/> AH Anti-Black</td> <td><input type="checkbox"/> AR Anti-Multi-Racial Group</td> <td><input type="checkbox"/> BB Anti-Physical Disability</td> </tr> <tr> <td><input type="checkbox"/> AI Anti-Catholic</td> <td><input type="checkbox"/> AS Anti-Multi-Religious Group</td> <td><input type="checkbox"/> BC Sexual Harassment</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AT Anti-Pacific Islander</td> <td><input type="checkbox"/> AX Unknown Bias</td> </tr> </table>						<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant	<input type="checkbox"/> AB Anti-Alaskan Native	<input type="checkbox"/> AL Anti-Heterosexual	<input type="checkbox"/> AV Anti-White	<input type="checkbox"/> AC Anti-American Indian	<input type="checkbox"/> AM Anti-Hispanic	<input type="checkbox"/> AW Anti-Homosexual Bias	<input type="checkbox"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic <i>(Moslem)</i>	<input type="checkbox"/> AY Anti-Other Religions	<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity	<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability	<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability	<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> AT Anti-Pacific Islander	<input type="checkbox"/> AX Unknown Bias
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